™ CodeEnforcemen BUILDING PERMIT APPLICATION PERMIT# **ADDRESS** AV,RD,ST STREET# STREET NAME SUITE/UNIT(S) **NSEW** JURISDICTION etc SITE DATA PROJECT/SUBDIVISION NAME PHASE SECTION PROJECT# **OWNER ADDRESS** CITY TAX PARCEL# PHONE # BLOCK# LAND AREA (sq. ft. STATE ZIP LOT# TITLE INSURANCE COMPANY / LIEN AGENT NAME **EMAIL** LIEN AGENT PHYSICAL LIEN AGENT MAILING **ADDRESS ADDRESS** PHONE # FAX# **ZONING JURISDICTION** MAP# R/W SPECIAL FLOOD PLAIN FLOOD ELEVATION FIRE DISTRICT FRONT SHEET (if different) LOT APR'D MINIMUM SETBACKS: LEFT SIDE RIGHT SIDE REQ. PARKING **FRONT** PROJECT JOB# TYPE WORK PROPERTY USE USDC# EXPANDED FOOTPRINT SHELL BASEMENT SPRINKLER SYSTEM IS FULL DEMO PROJECT DESCRIPTION (Residence, Office, etc) **PURPOSE** Mobile Home: include Yr./Make/&Serial# PROJECT AREA (sq. ft): OCC.TYPE **NEW UNHEATED** DECK(S) # STORIES NEW HEATED CONVERTED FROM UNHEATED RENOVATE EXISTING SPACE: SQ FT CONST TO HEATED SQ FT MULTI-FAMILY: ONE/TWO FAMILY, MODULAR, MOBILE HOME: TOTAL # ROOMS #BEDROOMS # BATHS # HANDICAP UNITS WORK INCLUDES: **TOTAL # UNITS** ATTACHED CARPORT ATTACHED GARAGE MASONRY FIREPLACE(S) **SERVICES ELECTRICAL POWER COMPANY** SERVICE: TOTAL AMPS #CIRCUITS # CONNECTIONS 120 VOLTS # CONNECTIONS OVER 120 VOLTS MECHANICAL GAS COMPANY # APPLIANCES # GAS CONN H/C HEAT PUMP ELECT. CEILING PRE-FAB FIREPLACE REFRIGERATION ONLY CENTRAL A/C GAS/OIL FURNACE GAS PIPING CHIMNEY ELECT. BASEBOARD GAS/OIL STEAM STOVE ELECT. FURNACE EXHAUST/VENTILATION GAS PACK

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PLUMBING: # O	F FIXTURES (Sink,Wate	er Closet, etc.)		# OF APPLIANCES (Dishwasher, Water Heater, etc.)					
UTILITIES (NEW EXISTING	PUBLIC (CHAR-MEC	CK UTILITY DEPT)				WATER	SEWER	
		PRIVATE					WELL	SEPTIC	
WILL ADDITION / UPFIT CREATE / EXPAND YES NO A BEDROOM?									
CONTRACTOR(S): Name/Address as Appears on License									
ACCT #	DG		PHONE #	LIC	#		CT COST NEAREST \$100 OG \$ (NOTE)	APR'D FEES	
AD	DRESS		CITY/STATE	ZIP		NOTE:			
Does at least one (1) piece of equipment have a cost of over \$500,000.? If YES see instructions below / If NO include all equipment in the construction cost ONO							ract Cost less equiporule O. QUIPMENT COST	APR'D FEES	
To calculate equipment costs when there is at least one (1) piece of equipment over \$500,000., enter the total equipment cost in the Equipment Cost field. Do not include this cost in the Master Contract Cost field. The system will calculate the total equipment cost as follows: \$500,000 at 100%, the remaining equipment cost at 20%									
ACCT #	ЕСТ		PHONE #	LIC	#		CT COST NEAREST \$100 ELECT \$	APR'D FEES	
AD	DRESS	(CITY/STATE	ZIP					
ACCT #	СН		PHONE #	LIC	#		CT COST NEAREST \$100 MECH \$	APR'D FEES	
AD	DRESS		CITY/STATE	ZIP					
ACCT #	JMB		PHONE #	LIC	#		CT COSTNEAREST \$100 PLUMB \$	APR'D FEES	
AD	DRESS		CITY/STATE	ZIP					
AR PLANS	CH/ENG		PHONE #	LIC	#	тот	AL CONSTRUCTION	ICOST	
	DRESS	(CITY/STATE	ZIP					
FTTO	TAL ESTIMATED PRO	JECT COST FOR FAS	T TRACK OR MODU	LAR\$		FT FEE \$			
REMARKS:						OTHER FEES \$			
C/D PLANS & PLACARD YES NO PROCESSING FEE OF \$15 WILL BE CHARGED FOR THIS SERVICE ACCOUNT						TOTAL FEES \$			
THE UNDERSIGNED HEREBY CERTIFIES THAT HE/SHE IS EITHER THE OWNER OR THE AUTHORIZED AGENT OF THE OWNER AND HEREBY MAKES APPLICATION FOR PERMIT AND INSPECTION OF WORK DESCRIBED AND AGREES TO COMPLY WITH ALL APPLICABLE LAWS REGULATING THE WORK.									
APPLICANT'S SIGNATURE DATE PRINT APPLICANT'S NAME									
MECKLENBURG COUNTY LAND USE & ENVIROMENTAL SERVICES 2145 SUTTLE AVENUE CHAROLOTTE NORTH CAROLINA, 28208 (980) 314-2633 ADDITIONAL COMMENTS									
CAR									
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